

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
Application for 7 Month Extension of Time to File

IMPORTANT: YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX AND BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. **Please note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHEN TO USE THIS FORM: If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.

WHEN TO FILE: This form must be postmarked on or before the original due date of the returns.

REASONS FOR DENIAL: Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked **after** the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.

WHERE TO FILE: Document Processing Division, 61 South Spring Street, PO Box 637, Concord, NH 03302-0637.

NEED HELP? Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603)271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

PLEASE PRINT OR TYPE	PROPRIETORSHIP – LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SOCIAL SECURITY NUMBER
	PROPRIETORSHIP – SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ – _____ – _____
	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		_____ – _____ – _____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL IDENTIFICATION NUMBER (Corporation, Partnership, Fiduciary, Principal NH Business Organization & Non-Profit)

For the CALENDAR year **1997** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

★ **ENTITY TYPE** Check one of the following:

- ☐ Proprietorship ☐ Corporation/Combined Group ☐ Partnership ☐ Fiduciary ☐ Non-Profit Organization
① ② ③ ④ ⑤

★ **TAX PAYMENT SCHEDULE**

1 Enter 100% of the Business Enterprise Tax determined to be due	1		
2 Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2		
3 Subtotal (Line 1 plus line 2)	3		
4 LESS: Credit carried over from prior year and payments of estimated tax	4		
5 BALANCE DUE: Make check payable to: State of New Hampshire.....	5		

(IF NEGATIVE OR ZERO, YOU ARE NOT REQUIRED TO FILE THIS APPLICATION)

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

★ **SIGNATURE** _____ **DATE** _____

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

BT-EXT

GENERAL INSTRUCTIONS FOR FILING THE BUSINESS TAX RETURNS

WHEN TO FILE	<p>Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and the BPT return are due and must be postmarked NO LATER than the date indicated on the BPT return.</p> <p>Fiscal Year: If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal year.</p> <p>For Non-Profit Organizations: The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the fiscal year.</p>								
EXTENSION TO FILE	<p>New Hampshire no longer requires a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax and the Business Profits Tax determined to be due by the original due date of the returns.</p> <p>If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you must file a "Payment Voucher and Extension Application For Business Tax Returns", Form BT-EXT. This application and payment must be postmarked on or before the original due date of the returns. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties. You are not required to attach a copy of your federal extension to your NH returns.</p>								
WHERE TO FILE	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Mail To:</p> <p>NH DEPT REVENUE ADMINISTRATION Document Processing Division PO Box 637, Concord, NH 03302-0637</p> </div> <div style="text-align: right;"> <p>FAX RETURNS ARE NOT ACCEPTED</p> </div> </div>								
IDENTICAL FILING ENTITY	<p>The return filed for the Business Enterprise Tax MUST reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations and limited liability companies shall file using the form which correspond to their entity structure.</p>								
SEPARATE FILING THRESHOLDS	<p>There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. IF YOU ARE REQUIRED TO FILE EITHER TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RECORDS.</p>								
WHO MUST FILE A BET RETURN	<p>Every profit or non-profit enterprise or organization engaged in or carrying on any business activity within NH which meets the following criteria must file a Business Enterprise Tax return:</p> <p style="text-align: center;">Gross Business Receipts in excess of \$100,000 or Enterprise Value Tax Base in excess of \$50,000</p> <p>If your gross receipts total in excess of \$100,000, then you are required to file a BET return.</p> <p>If your gross receipts are \$100,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than \$50,000:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Total compensation paid or accrued:</td> <td style="width: 40%;">1. \$ _____</td> </tr> <tr> <td>2. Total interest paid or accrued:</td> <td>2. \$ _____</td> </tr> <tr> <td>3. Total dividends paid:</td> <td>3. \$ _____</td> </tr> <tr> <td>4. Sum of lines 1, 2 and 3:</td> <td>4. \$ _____</td> </tr> </table> <p>If line 4 is greater than \$50,000, you are required to file a BET return.</p> <p>Section 501(c)(3) non-profit organizations are not required to file to the extent they do not engage in any unrelated business activity under section 513 of the IRC.</p>	1. Total compensation paid or accrued:	1. \$ _____	2. Total interest paid or accrued:	2. \$ _____	3. Total dividends paid:	3. \$ _____	4. Sum of lines 1, 2 and 3:	4. \$ _____
1. Total compensation paid or accrued:	1. \$ _____								
2. Total interest paid or accrued:	2. \$ _____								
3. Total dividends paid:	3. \$ _____								
4. Sum of lines 1, 2 and 3:	4. \$ _____								
WHO MUST FILE A BPT RETURN	<p>All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowner's associations must file a Business Profits Tax return provided they are carrying on business activity within New Hampshire and their gross business income from everywhere is in excess of \$50,000.</p> <p>"Gross business income" means all income for federal income tax purposes from whatever source derived including: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. Even if there is no profit, a return must be filed when the gross business income exceeds \$50,000.</p> <p>For Fiduciary Filers: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).</p>								

S-CORP FILERS	New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120. Returns filed without a DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9 separately from the return.
ESTIMATED BPT & BET DUE FOR 1998	Every entity required to file a Business Profits Tax return and/or a Business Enterprise Tax return must also make estimated Business Tax payments for its subsequent taxable period, unless the ANNUAL estimated tax for the subsequent taxable period is less than \$200. However, if at the end of any quarter the estimated tax for the year exceeds \$200 an estimated tax payment must be filed. The estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax for exceptions and penalties for noncompliance.
NEED HELP OR FORMS	Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 - 4:00. All written correspondence to the department should include the taxpayer name, federal identification number or social security number, the name of a contact person and a daytime telephone number. To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the State tax forms may also be obtained from many public libraries located throughout the state.
TDD ACCESS	Hearing or speech impaired individuals may call: TDD Access: Relay NH 1-800-735-2964.
ATTACH FEDERAL SCHEDULES/ FORMS	A Business Profits Tax return must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal form 1120, pages 1, 2, 3 and 4 and all schedules. The proprietorship return must have federal schedules C, E, F, 4797 and 6252, if applicable. The partnership return must have the federal form 1065 and applicable schedules. The fiduciary return must have the federal form 1041 pages 1, 2, 3, and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file New Hampshire returns and will subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	Tax information which is disclosed to the New Hampshire Department of Revenue Administration, either on returns or through Department investigation, is held in strict confidence by law. The Department of Revenue Administration, the US Internal Revenue Service and other states have agreements under which tax information is exchanged. This exchange of information is to verify the accuracy and consistency of information reported on federal, state and New Hampshire tax returns.
AMENDED RETURNS	<p>If you discover an error was made on your BET and/or BPT return(s) after they were filed, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. For changes made by the Internal Revenue Service, please see STEP 2 on the Business Tax Summary.</p> <p>If you need to amend prior year BET and/or BPT return(s), then please call the department for the correct form. The telephone number for forms only is (603) 271-2192. You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions.</p> <p>AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE RETURN.</p>
REFERENCES TO FEDERAL FORMS	All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the department.
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	Please file the applicable schedules in the following order sequence: BT-Summary, BET, BET-80, BPT return (NH-1120, NH-1065, NH-1040, or NH-1041) DP-80, DP 2210/2220, DP-132, DP-160, DP-120 and then the appropriate federal pages.

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BT-SUMMARY

BUSINESS TAX SUMMARY 1997

For the CALENDAR year **1997** or other tax year beginning

Mo	Day	Year
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 and ending

Mo	Day	Year
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SEQUENCE # 1

STEP 1 Please Print or Type	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
	CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2 Return Type, Federal Information and Filing Requirement	ARE YOU REQUIRED TO FILE A BET RETURN: YES _____ NO _____		If you checked yes, please make sure the complete return is attached to the BT-Summary.
	ARE YOU REQUIRED TO FILE A BPT RETURN: YES _____ NO _____		
	<input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN		

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS _____ Submit changes under a separate cover.

STEP 3	PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.			
STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credit	1 (a)		
	(b) Business Profits Tax Net of Statutory Credits	1 (b)		1
	2 PAYMENTS:			
	(a) Tax paid with application for extension	2 (a)		
	(b) Payments from 1997 estimated taxes	2 (b)		
	(c) Payments carried over from prior year	2 (c)		
	(d) Payments with original return (Amended returns only)	2 (d)		2
	3 TAX DUE (Line 1 less line 2)			3
	4 ADDITIONS TO TAX:			
	(a) Interest (See instructions)	4 (a)		
	(b) Failure to Pay (See instructions)	4 (b)		
	(c) Failure to File (See instructions)	4 (c)		
	(d) Underpayment of Estimated Tax (See instructions)	4 (d)		4
	5 (a) Subtotal of Amount Due (Line 3 plus line 4)	5 (a)		
	5 (b) Payment made by EFT (See instructions)	5 (b)		
5 BALANCE DUE Make checks payable to: State of New Hampshire. Enclose, but do not staple or tape your payment with this return.			5	
6 OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)	6			
7 Apply overpayment amount of line 6 to: (a) The 1998 tax liability			7 (a)	
(b) Refund - Please allow 12 weeks for processing			7 (b)	
THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.				

STEP 5 Signature(s)	Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.	
	Signature	Signature of Paid Preparer Other Than Taxpayer
	Title and Date	Preparer's Identification Number Date
	Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address
	MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD, NH 03302-0637	City or Town, State and Zip Code

BT-SUMMARY

FORM**BT-SUMMARY****Instructions****BUSINESS TAX SUMMARY
LINE-BY-LINE INSTRUCTIONS**

STEP 1 Name, Address, Social Security or Federal Identification Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997.</p> <p>If you have received a booklet of tax forms and instructions with a pre-addressed label, remove it from the booklet cover and place it in the space provided. If no label was provided, please PRINT the taxpayer's name, address, social security number or federal identification number, and principal business activity code in the spaces provided.</p> <p>Enter spouse's name, social security number and principal business activity code in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.</p>
STEP 2 Return Type, Federal Information and Filing Requirement	<p>Please indicate whether or not you are required to file the Business Enterprise Tax return and Business Profits Tax return. If you are not required to file either the Business Enterprise Tax or Business Profits Tax do not submit the returns or the BT-Summary. Failure to answer questions in step 2 will result in inquiries from the department, which may generate late filing penalties.</p> <p>Check the entity type which corresponds to your organizational structure.</p> <p>Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax year. Check the FINAL RETURN box only when the business organization has ceased to exist.</p> <p>Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the tax years examined by the IRS on the line provided.</p> <p>To report IRS adjustments, you must submit the appropriate Form DP-87 under separate cover. To obtain the correct form please call (603) 271-2192.</p>
STEP 3	PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN BUSINESS TAX SUMMARY.
STEP 4 Figure Your Balance Due or Overpayment	<p>Line 1(a) Enter the amount of your Business Enterprise Tax balance due net of statutory credits.</p> <p>Line 1(b) Enter the amount of your Business Profits Tax balance due net of statutory credits.</p> <p>Line 1 Enter the sum of lines 1(a) and 1(b)</p> <p>Line 2(a) Enter the amount paid with application for extension(s), Form BT-EXT. Include extension payments made by Electronic Funds Transfer.</p> <p>Line 2(b) Enter estimated payments to be applied to this year. Include estimate payments made by Electronic Funds Transfer.</p> <p>Line 2(c) Enter the prior year overpayment which was carried forward to this tax year.</p> <p>Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.</p> <p>Line 2 Enter the total of lines 2(a) through 2(d).</p> <p>Line 3 Enter the amount of line 1 less line 2. Show a negative amount with brackets, e.g., (\$50).</p> <p>Line 4 Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due if applicable for each line.</p> <p>Line 4(a) Interest is calculated on the balance of tax due from the original due date to the date paid at 11% per year. (Tax due x number of days from the due date to date tax was paid x .0003).</p> <p>_____ x _____ x .0003 = _____ Enter on line 4 (a). Tax Due (line 3) Number of days Interest due</p>

FORM

BT-SUMMARY

Instructions

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 4 (continued)	<p>Line 4(b) A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when due and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.</p> <p>Line 4(c) A taxpayer failing to timely file a complete return will be subject to a penalty equal to 5% of the tax due or \$10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.</p> <p>Line 4(d) If line 1 (a) or 1(b) is more than \$200 you may have been required to file estimated business tax and/or business enterprise tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate payments, complete and attach Form DP-2210/2220. Use only one Form DP 2210/2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained by calling (603) 271-2192.</p> <p>Line 4 Enter the total of lines 4(a) through 4(d).</p> <p>Line 5(a) Enter the tax due (Line 3) plus the sum of interest and penalties (Line 4).</p> <p>Line 5(b) Enter the amount of payment made by Electronic Funds Transfer for this return only. Any extension or estimate payments made by Electronic Funds Transfer should be included on lines 2(a) and 2(b) respectively.</p> <p>Line 5 Enter the amount of line 5(a) less line 5(b). This is the balance due .</p> <p>Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than \$1.00, do not pay, but still file the return. Please enclose, but do not staple or tape your payment with this return.</p> <p>To ensure the check is credited to the proper account, please put your federal identification number or social security number on the check.</p> <p>Line 6 If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus line 5(b)] then you have overpaid. Enter the amount overpaid.</p> <p>Line 7 The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit toward next year's tax liability. Enter the desired credit on line 7(a). The remainder, which will be refunded, should be entered on line 7(b). If line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.</p>
STEP 5 Signature	<p>The return must be dated and signed by the taxpayer or authorized agent.</p> <p>If you are filing a joint return, then both you and your spouse must sign and date the return.</p> <p>If the return was completed by a paid preparer, then the preparer must also sign and date the return. The preparer must also enter their federal ID number and their complete address.</p>

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN FOR PROPRIETORSHIPS

For the CALENDAR year **1997** or other tax year beginning and ending
 Mo Day Year Mo Day Year

**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN \$100,000
 OR
 THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000.**

STEP 1 Please Print or Type Name	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER _____ - _____ - _____	
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER _____ - _____ - _____	
<p>If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines 1, 2 and 3. If both you and your spouse conduct separate business activities both within and without New Hampshire, then each must complete a separate Form BET-80. Form BET-80 may be obtained by calling (603) 271-2192.</p>				
STEP 2 Compute the Enterprise Value Tax Base		COLUMN "A" -YOU-		COLUMN "B" -YOUR SPOUSE-
	1 Dividends Paid	1		1
	2 Compensation and Wages Paid or Accrued	2		2
	3 Interest Paid or Accrued	3		3
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)	4		4
STEP 3 Figure Your Tax	5 (a) NH Business Enterprise Tax (Line 4 x .0025)	5(a)		5(a)
	(b) Enter total of line 5(a), Columns A and B			5(b)
	6 RSA 162-L:8, Community Development Finance Authority Credit (See instructions)			6
	7 Business Enterprise Tax Net of Statutory Credit (Line 5(b) less line 6. IF NEGATIVE, ENTER 0.)			7

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

BUSINESS ENTERPRISE TAX PROPRIETORSHIP RETURN
LINE-BY-LINE INSTRUCTIONS

<p>STEP 1 Name and Social Security Number</p>	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997.</p> <p>Please PRINT the taxpayer's name and social security number in the spaces provided.</p> <p>Joint returns must include spouse's name and social security number in the space provided.</p> <p>Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.</p> <p>If your business enterprise activity or your spouse's business enterprise activity is conducted both within and without New Hampshire and is subject to a tax in another jurisdiction whether or not actually imposed by that jurisdiction, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for lines 1, 2 and 3 of the Form BET-PROP. If both you and your spouse conduct separate business activities both within and without NH, then each must complete a separate Form BET-80 [which may be obtained by calling (603) 271-2192]. After completing Form BET-80, enter the amount from line 17 onto line 1 of your Form BET-PROP. Enter the amount from line 24 onto line 2 of your Form BET-PROP. Enter the amount from line 29 onto line 3 of your Form BET-PROP. Proceed to line 4.</p>
<p>STEP 2 Compute the Enterprise Value Tax Base</p>	<p>Line 1 DIVIDENDS PAID</p> <p>Enter the amount of dividends paid by you and your spouse under the appropriate column. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following:</p> <ul style="list-style-type: none"> – Distributions of money or property to beneficiaries of a trust qualified under section 401 of US IRC; – Cash or non-cash payments of life, sickness, accident, or other benefits to members of their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US IRC; – Distributions of money or property to participants from any common trust fund as defined under section 584 of the US IRC; – Policyholder dividends as defined under section 808 of the US IRC, to the extent such dividends are not reduced pursuant to section 809 of the US IRC; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities. <p>Line 2 COMPENSATION AND WAGES PAID OR ACCRUED</p> <p>Enter the amount of compensation paid or accrued (including deferred compensation) by you or your spouse under the appropriate column. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under 3401 of the US IRC.</p> <p>The compensation amount entered on line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III, in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III, in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings.</p> <p>Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US IRC should not be included in line 2.</p>

BUSINESS ENTERPRISE TAX

QUICK CHECKLIST

- COMPENSATION -

“Compensation” means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The “Compensation for Personal Services” deduction taken by a proprietor or a partner on the NHBPT return pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the NHBPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14

Non-taxable Compensation

- Payment for independant contractors where no employer/employee relationship pursuant to Rev. 2401.11
- Payments in the form or for the following services:
 - Members of the armed forces
 - Ministers
 - Paper boys and girls under the age of 18
 - Volunteers of Peace Corps
 - Group term life insurance on the life of an employee
 - Moving expenses
 - Non-cash or cash tips to an employee if not deductible by the employer
 - Educational assistance
 - Scholarships
 - Medical reimbursements
- Health Insurance
- Taxpayer’s distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III

- INTEREST -

“Interest” means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers.
- Amount paid by VEBA's (Voluntary Employees' Benefit Association).

- DIVIDENDS -

“Dividends” means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner’s ownership interest.
- All personal expenditures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner’s indebtedness to the business enterprise, unless reported as compensation or interest to the individual and include in those elements of the EVTB (Enterprise Value Tax Base).
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the proprietor or partner shall be considered an expense in determining net income from business activities (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner’s interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Pensions, profit-sharing, stock bonus plan.
- Cash or non-cash payments from VEBA’S (Voluntary Employees’ Beneficiary Association).
- Distribution of money or property from a common trust fund.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust.
- Patronage dividends.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

For the CALENDAR year **1997** or other tax year beginning and ending
 Mo Day Year Mo Day Year

Due date for CALENDAR year is on or before April 15, 1998 or the 15th day of the 4th month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.

STEP 1 Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER

STEP 2

Figure
Your
Tax

Husband and wife may NOT combine net results of separately held business organizations.
 Attach all applicable Federal Forms.

COLUMN A
Your Income

COLUMN B
Spouse's Income

1 **NET PROFIT OR (LOSS) FROM BUSINESS** (Federal Form 1040, Sch. C, line 31) 1

2 **RENTAL INCOME OR (LOSS)**

(a) Income or Loss From **Rental** Activity (Federal Form 1040, Sch. E, line 22 column A + B + C)

(b) Net Farm Rental Profit or Loss (Federal Form 4835, line 32)

(c) **TOTAL** 2(c)

3 **NET FARM PROFIT OR (LOSS)** (Federal Form 1040 Sch F, line 36) 3

4 **NET GAIN OR (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES**

(See instructions) Attach schedule if additional space is needed. (Federal Form 4797)

(1) Description of Property	(2) Gains or Losses	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To You	(6) Total Attributed To Spouse
(a)					
(b)					
(c) TOTAL				4(c)	4(c)

5 **INSTALLMENT GAIN OR (LOSS)** (See instructions) Attach schedule if additional space is needed. (Federal Form 6252)

(1) Date of Original Sale Mo Day Year	(2) Taxable Gains or Losses	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To You	(6) Total Attributed To Spouse
(a)					
(b)					
(c) TOTAL				5(c)	5(c)

6 Gross Business Profits [Combine lines 1, 2(c), 3, 4(c), and 5(c)] 6

7 Compensation for Personal Services (See instructions) 7

8 Subtotal (Line 6 less line 7. If negative, show in brackets. (See instructions for NOL carry forward provision). 8

9 NH Net Operating Loss Deduction (Attach Form DP-132) 9

10 Other Additions and Deductions per RSA 77-A:4 (If negative, show in brackets.) 10

11 Adjusted Gross Business Profits (Line 8 minus line 9 adjusted by line 10. If negative, show in brackets.) 11

12 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.) 12

Interstate Proprietorships must apportion income – see DP-80 instructions.

13 New Hampshire Taxable Business Profits (Line 11 x 12. If negative, enter 0.) 13

14 New Hampshire Business Profits Tax (Line 13 x 7%) 14

STEP 3

Figure
Your
Credits

15 Credits: allowed under RSA 77-A:5 as shown on Form DP-160 15

16 Subtotal (Line 14 less line 15) 16

17 Business Enterprise Tax Credit (See instructions) 17

18 Business Enterprise Tax Credit to be applied against Business Profits Tax

(Enter the lesser of line 16 or line 17. See instructions) 18

19 (a) NH Business Profits Tax Net of Statutory Credits (Line 16 less line 18) 19(a)

(b) NH Business Profits Tax Net of Statutory Credits (Sum of line 19(a), Columns A and B. IF NEGATIVE, ENTER 0.) 19(b)

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and Social Security Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997.</p> <p>Please PRINT the taxpayer's name and social security number in the spaces provided. Joint returns must include spouse's name and social security number. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.</p>
STEP 2 Figure Your Tax	<p>Husband and wife may NOT combine net results of separately held business organizations. All applicable federal forms must be attached.</p> <hr/> <p>Line 1: PROFIT OR (LOSS) FROM BUSINESS</p> <p>Enter the total net income (loss) of all separately owned Schedule C business activities in the respective column indicating ownership. Please be sure to enter the net income (loss) from all of your separate business activities in your column and all of the net income (loss) from your spouse's separate business activities in the spouse's column. SPOUSES JOINTLY OWNING AND OPERATING A SCHEDULE C BUSINESS ACTIVITY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL INCOME (LOSS) UNDER ONE COLUMN. IF A LOSS, SHOW DOLLAR AMOUNTS IN BRACKETS, E.G. (\$50).</p> <p>If any of the Schedule C activity is conducted outside New Hampshire, you must report on line 1 the TOTAL net income (loss) from all Schedule C activity. You are also required to complete and file Form DP-80, Apportionment of Income. See line 12 for further instructions on apportionment.</p> <hr/> <p>Line 2: RENTAL INCOME OR (LOSS)</p> <p>Enter the total amount of rental income (loss) attributable to you and/or your spouse under the appropriate column. SPOUSES JOINTLY OWNING OR SELLING RENTAL PROPERTY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL RENTAL INCOME (LOSS) UNDER ONE COLUMN. If the rental income (loss) is derived from joint ownership and the other owner is not reporting on this form, attach a schedule showing the joint owner's name(s), social security number(s) and respective share of net income (loss).</p> <p>If rental property is owned both within and without New Hampshire, you must report on line 2 the TOTAL net income (loss) from all rental property activity. You are also required to complete and file Form DP-80, Apportionment of Income. See line 12 for further instructions on apportionment.</p> <p>(a) Enter the total of Federal Form 1040, Schedule E, line 22, columns A + B + C. Include only the line 22 amounts attributable to rental activity; do not include royalty income or expenses.</p> <p>(b) Enter the amount shown on Federal Form 4835, Net Farm Rental Profit or Loss, line 32. If a loss, show dollar amount in brackets, e.g. (\$50).</p> <p>(c) Enter the sum of lines 2(a) and 2(b) on line 2(c) separately for Column A and Column B.</p> <hr/> <p>Line 3: FARM INCOME OR (LOSS)</p> <p>Enter the total amount of your net farm profit or (loss) from Federal Form 1040, Schedule F, line 36.</p> <hr/> <p>Line 4: NET GAIN AND/OR (LOSS) ON SALE OF ASSETS FROM A BUSINESS, FARMING AND/OR RENTAL ACTIVITIES.</p> <p>Lines 4(a) and 4(b). If you need additional space, please attach a schedule.</p> <p>Column 1: Enter the description of property held or used for business as shown on Federal Form 1040, Schedule D or Form 4797, e.g. land, building, vehicle, etc.</p> <p>Column 2: Enter the amount shown on Schedule D or Form 4797 as gain or loss. If a loss, show dollar amount in brackets, e.g. (\$50).</p> <p>Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain or loss reported in Column 2.</p> <p>Column 4: Enter the total of Column 2 plus Column 3.</p> <p>Column 5: Enter the amount shown in Column 4 which is attributable to you.</p> <p>Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.</p> <p>Line 4(c) Enter the total of lines 4(a) and 4(b) on line 4(c) separately for Column A and Column B.</p> <hr/> <p>Line 5: INSTALLMENT GAIN OR (LOSS)</p> <p>Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1040. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192.</p> <p>Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded \$6,000 for tax years ending prior to July 1, 1981, or \$12,000 for tax years ending July 1, 1981, through June 30, 1993, or \$50,000 for tax years ending July 1, 1993, and after.</p>

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2
(continued)

Line 5 (continued)

Line 5(a) and 5(b). If you need additional space, please attach a schedule.

Column 1: Enter the original date of the sale.

Column 2: Enter the taxable amount of gain or loss from Federal Form 6252 for this tax year. If a loss, show dollar amount in brackets, e.g. (\$50).

Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain or loss reported in Column 2.

Column 4: Enter the total of Column 2 plus Column 3.

Column 5: Enter the amount shown in Column 4 which is attributable to you.

Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.

Line 5(c) Enter the total of lines 5(a) and 5(b) on line 5(c).

Line 6: Combine lines 1, 2(c), 3, 4(c) and 5(c) separately for Column A and Column B.

Line 7: **COMPENSATION FOR PERSONAL SERVICES**

Enter on line 7 the dollar value of the services performed by the proprietor during the taxable period. Enter your compensation in Column A and enter your spouse's compensation in Column B. Compensation is only allowed for the proprietor who actually renders personal services to the business organization. The **MINIMUM** statutory deduction of \$6,000 is allowed for actual services rendered during the tax period even if such services are valued at less than \$6,000. RSA 77-A:4 limits the **MAXIMUM** compensation deduction to the sum of the following amounts included in your federal income tax schedule:

- (1) Net profit or loss from Federal Form 1040, Schedule C;
- (2) Income or loss from rental properties from Federal Form 1040, Schedule E;
- (3) Net farm profit or loss from Federal Form 1040, Schedule F;
- (4) 15% of the sales price as shown on Federal Form 4797 or 6252 for the sale of business assets provided you acted as the broker or agent and no other broker or agent was involved in the sale of the property.
- (5) **In instances where the proprietor acts as a co-broker, the maximum deduction shall be the difference between the 15 percent of the actual sales price and the amounts paid to other brokers or agents.**

To determine the reasonableness of the compensation deduction, use comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as, but not limited to, The American Almanac of Jobs and Salaries or the New Hampshire Wages and Benefits Survey. **You must maintain adequate records to substantiate the activities performed by you and the methods used to determine the rate of compensation for such activities .**

Line 8: **SUBTOTAL**

Enter the amount of line 6 less line 7 separately for Column A and Column B. If a loss, show dollar amount in brackets, e.g. (\$50). If either column is negative, this amount represents the net operating loss for you or your spouse available for future deduction. New Hampshire no longer requires the filing of a Net Operating Loss Annual Report, Form RP-131. However, a future NOL deduction is still subject to the carryback and carryforward provisions and apportionment provisions pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04.

Line 9: **NH NET OPERATING LOSS DEDUCTION**

Enter the amount of carryover loss available as shown on line 6 of Form DP-132. A separate Form DP-132 must be filed for you and your spouse. Form DP-132 must be attached to the return.

Line 10: **OTHER ADDITIONS AND DEDUCTIONS**

Enter in Column A the net total of all your other additions and deductions allowed or required under RSA 77-A:4. Enter the net total of your spouse's additions and deductions in Column B. Show negative amounts in brackets, e.g. (\$50).

Line 11: **ADJUSTED GROSS BUSINESS PROFITS**

Enter the total of line 8 less line 9 adjusted by line 10. If negative, show in brackets e.g. (\$50).

Line 12: **NEW HAMPSHIRE APPORTIONMENT**

Proprietorships which have business activity, including rental activity, both within and without this state AND which are subject to income taxes (or a franchise tax measured by net income) in another state, whether or not actually imposed by the other state, must apportion its gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. If you and your spouse each conduct separate business activities both within and without New Hampshire, each must complete a separate Form DP-80. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-80 may be obtained by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on line 12 of your Form NH-1040. Show to six decimal places. **All others enter 1.00 on line 12.**

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 (continued)	Line 13: Enter the product of line 11 multiplied by line 12. If negative, enter 0. Line 14: Enter the product of line 13 multiplied by 7%.
STEP 3 Figure Your Credits	Line 15: CREDITS Enter the amount of credits allowed under RSA 77-A:5. Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on line 15. If both you and your spouse are claiming credits on line 15, then you must file two separate DP-160 Forms. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-160 may be obtained by calling (603) 271-2192. DO NOT INCLUDE THE BET CREDIT ON THIS LINE. Line 16: Enter the amount of line 14 less line 15. Line 17: BUSINESS ENTERPRISE TAX CREDIT To calculate the BET credit to be applied against this years BPT, complete the following worksheet for both you and your spouse.

BET CREDIT WORKSHEET

	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____	Tax year ended ____/____/____
A BET Credit Carryforward Amount. *See note below.	<input style="width: 100%;" type="text"/>	→	<input style="width: 100%;" type="text"/>	→	<input style="width: 100%;" type="text"/>
B Current year BET Liability LESS	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
C Current year BPT Liability	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
D Enter the amount of line B less line C. IF NEGATIVE, ENTER 0.	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
E BET Credit available for a deduction this tax year. Sum of line A and line B.	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
F BET Credit deduction this year. The amount on line F should be entered on line 17 of NH-1040.	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
G Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.	<input style="width: 100%;" type="text"/>	→	<input style="width: 100%;" type="text"/>	→	<input style="width: 100%;" type="text"/>

INSTRUCTIONS

*Note: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7/1/93) indicate 0.

	Line 18: Enter the lesser amount of line 16 or line 17. If line 17 is greater than line 16, then a "Business Enterprise Tax Credit" carryover exists. Any unused portion of the current year's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due for the next five taxable periods. Line 19: BUSINESS PROFITS TAX NET OF STATUTORY CREDITS (a) Enter the amount of line 16 less line 18. (b) Enter the sum of line 19(a) Columns A and B. IF NEGATIVE , ENTER 0.
--	--

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.

BUSINESS PROFITS TAX – PROPRIETORSHIP

1998 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a Line 1(a) x .0025.....		
b Line 1(b) x 7%.....		
3 CREDITS		
a RSA 162-L:8, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5 Overpayment from last year.....		
6 Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 1998
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 1998
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 1998
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 1998

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-
1998**

For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

OFFICE USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER	
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	(Proprietor) _____	
	NUMBER AND STREET ADDRESS		SOCIAL SECURITY NUMBER	
			(Spouse) _____	
	CITY OR TOWN, STATE AND ZIP CODE		Business Enterprise Tax 1	
			Business Profits Tax 2	
			Amount of This Payment 3	
MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate.		

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX -1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

Day Year

OFFICE USE
ONLY

Please Print or Type

LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Proprietor)

SPOUSE'S LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Spouse)

NUMBER AND STREET ADDRESS

Business Enterprise Tax 1

Business Profits Tax 2

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment 3

MAIL
TO:NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment with
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FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day YearOFFICE USE
ONLY

Please Print or Type

LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Proprietor)

SPOUSE'S LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Spouse)

NUMBER AND STREET ADDRESS

Business Enterprise Tax 1

Business Profits Tax 2

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment 3

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TO:NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
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Enclose, but do not staple or tape, your payment with
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FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day YearOFFICE USE
ONLY

Please Print or Type

LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Proprietor)

SPOUSE'S LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Spouse)

NUMBER AND STREET ADDRESS

Business Enterprise Tax 1

Business Profits Tax 2

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment 3

MAIL
TO:NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment with
this estimate.

BUSINESS PROFITS TAX – PROPRIETORSHIP

1998 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a Line 1(a) x .0025.....		
b Line 1(b) x 7%.....		
3 CREDITS		
a RSA 162-L:8, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5 Overpayment from last year.....		
6 Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 1998
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 1998
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 1998
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 1998

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-
1998**

For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

OFFICE USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER	
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	(Proprietor) _____	
	NUMBER AND STREET ADDRESS		SOCIAL SECURITY NUMBER	
	CITY OR TOWN, STATE AND ZIP CODE		(Spouse) _____	
			Business Enterprise Tax 1	
			Business Profits Tax 2	
			Amount of This Payment 3	
MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637			Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate.	

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX -1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

Day Year

OFFICE USE
ONLY

Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	_____
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	_____
	NUMBER AND STREET ADDRESS		Business Enterprise Tax	1
			Business Profits Tax	2
	CITY OR TOWN, STATE AND ZIP CODE		Amount of This Payment	3
MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate.		

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FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day YearOFFICE USE
ONLY

Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	_____
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	_____
	NUMBER AND STREET ADDRESS		Business Enterprise Tax	1
			Business Profits Tax	2
	CITY OR TOWN, STATE AND ZIP CODE		Amount of This Payment	3
MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate.		

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FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day YearOFFICE USE
ONLY

Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	_____
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	_____
	NUMBER AND STREET ADDRESS		Business Enterprise Tax	1
			Business Profits Tax	2
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BUSINESS PROFITS TAX – PROPRIETORSHIP

1998 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a Line 1(a) x .0025.....		
b Line 1(b) x 7%.....		
3 CREDITS		
a RSA 162-L:8, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5 Overpayment from last year.....		
6 Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 1998
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 1998
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 1998
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 1998

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-
1998**

For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

OFFICE USE ONLY	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER	
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	(Proprietor) _____	
	NUMBER AND STREET ADDRESS		SOCIAL SECURITY NUMBER	
			(Spouse) _____	
	CITY OR TOWN, STATE AND ZIP CODE		Business Enterprise Tax 1	
			Business Profits Tax 2	
			Amount of This Payment 3	
MAIL TO: NH DEPT REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate.		

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX -1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

Day Year

OFFICE USE
ONLY

Please Print or Type

LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Proprietor)

SPOUSE'S LAST NAME FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER (Spouse)

NUMBER AND STREET ADDRESS

Business Enterprise Tax 1

Business Profits Tax 2

CITY OR TOWN, STATE AND ZIP CODE

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BUSINESS PROFITS TAX – PROPRIETORSHIP

1998 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment.....		
b Gross Business Profits Tax After Apportionment.....		
2 TAX		
a Line 1(a) x .0025.....		
b Line 1(b) x 7%.....		
3 CREDITS		
a RSA 162-L:8, CDFA.....		
b RSA 77-A:5 (Please be sure to include the BET Credit).....		
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IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

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**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX-
1998**

For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo

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	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	(Proprietor) _____	
	NUMBER AND STREET ADDRESS		SOCIAL SECURITY NUMBER	
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Day Year

OFFICE USE
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NET OPERATING LOSS (NOL) DEDUCTION

For the CALENDAR year **1997** or other tax year beginning and ending
 Mo Day Year Mo Day Year

NAME

FEDERAL IDENTIFICATION /SOCIAL SECURITY NUMBER

**WHEN
TO USE
THIS FORM**

Use this form to detail the Net Operating Loss Carryforward amount included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.

(A) Ending date of tax year in which NOL occurred	(B) NOL amount available for five year carryforward period Cannot exceed \$250,000 per year and must be adjusted for Transition Credit.	(C) Amount of NOL carryforward which has been used in tax years prior to this tax year	(D) Amount of NOL to be used as a deduction in this tax year	(E) Amount of NOL to carryforward to future years
Mo Day Yr				
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5

6 Amount of NOL carryforward deducted this tax year.

(Sum of column D, lines 1-5)..... 6

This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL deduction.

Rev 303.04(c) – Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code shall be followed, except that,

- (1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172(b) (3) and applied to any income in the carryback tax years, before any remaining loss is carried forward as a net operating loss deduction.
- (2) The carryback of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carryback years nor a refund of previously paid taxes. Amended returns filed for such purposes shall be prohibited.
- (3) The business organization's failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

The Net Operating Loss carryforward shall be apportioned pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04(d).